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| | | | | | , , | (Depositor's name) |
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| | | | L | | | (Date) |
| APPLICATION NO. | FILING DATE | 3 | FIRST NAMED INVENTO | | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/804,631 | 03/19/2004 | Michael J. Bu | Michael J. Burns | | 02-184-C | 7851 |
| TITLE OF INVENTION: SYSTEM AND METHOD FOR ESTIMATING A SPREAD VALUE | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV. PAID ISSUE | FEE TOTAL FEE(S) DUI | E DATE DUE |
| nonprovisional Y | ES | \$1510 | \$300 | \$0 | \$1810 | 05/26/2009 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | |
| LEMIEUX, JESSICA 3693 | | 3693 | 705-037000 | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. McDonnell Boehnen Hulbert 2 | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
| (A) NAME OF ASSIGNEE Trading Technologies International, Inc. | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) Chicago, IL | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | |
| 4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2490 (enclose an extra COPY of this form). | | | |
| 5. Change in Entity Status a. Applicant claims of the USPTO NOTE: The Issue Fee and P interest as shown by the recommendation. | SMALL ENTITY state is requested to apply abblication Fee (if requested) | tus. See 37 CFR 1.27. the Issue Fee and Publica uired) will not be accepted | tion Fee (if any) or to re | apply any previously | | tion identified above. |
| Authorized Signature /J | | nes ratent and trademark | Date June 28, 2010 | | | |
| Typed or printed name Jori R. Fuller | | | Registration No. 57,628 | | | |
| an application. Confidential submitting the completed at this form and/or suggestion | ity is governed by 35 pplication form to the s for reducing this buginia 22313-1450. DC 1450. | U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th ONOT SEND FEES OR | 1.14. This collection is depending upon the in e Chief Information Off COMPLETED FORMS | estimated to take 12 r dividual case. Any co icer, U.S. Patent and T TO THIS ADDRESS | ninutes to complete, includ mments on the amount of t Frademark Office, U.S. De SEND TO: Commissione | nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, 1 number. |

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010. OMB 0651-0033